

AMBULATORY CARE: RESIDENTIAL SERVICE AGENCY (RSA) OTHERS APPLICATION

INSTRUCTIONS FOR COMPLETION

Incomplete applications will be returned. Prior to submitting the application, ensure it includes all required information, related required documentation, and the fee.

APPLICATION FOR INITIAL LICENSE

****This application cannot be used to provide skilled nursing and aides only services.**

The RSA program is NOT a Medicare program.

Be advised that due to the volume of RSA applications, the application review period may be up to 6 months.

RENEWAL

Submit your renewal application, additional required information, and licensure fee 30 days before your license expiration date. If your license is not renewed before the expiration date, the OHCQ will consider your agency terminated and Medicaid will be notified.

If you do not intend to renew your license, you must return your operating license to the OHCQ.

An unannounced on-site inspection of your facility may be performed to determine compliance with RSA requirements.

If you are operating an unlicensed RSA program, your Medicaid provider number and reimbursement are in jeopardy of termination.

ADDING SERVICES

To add services submit to the OHCQ for review and approval a completed application with required fee of \$1,000 and policies and procedures. This process can take up to six months.

FEE

The non-refundable application fee is \$1,000.

The application fee must be submitted with the application. Make the business check, cashier's check, money order, or personal check payable to: "DHMH." Starter checks will not be accepted.

REQUIRED APPLICATION SECTIONS

General Information
Fees
Ownership
Background
Workers' Compensation
RSA - Others
Affidavit
Branch Offices

REQUIRED DOCUMENTATION - INITIAL APPLICATION FOR DME COMPANIES THAT ARE NOT ACCREDITED

1. A list of licensed and non-licensed personnel (if applicable). Identify positions held and licensed supervisory personnel. Be sure to include license/certification verification from the appropriate regulatory board.
2. Policies and procedures, sample client and personnel files and a business plan as required by COMAR 10.07.05.
3. If your agency does not have workers' compensation insurance **AND** does not have any employees, submit a Letter of Exemption (sole proprietorships or partnerships) or Certificate of Compliance (corporations or LLCs) from the Certificate of Compliance Coordinator at the Workers' Compensation Commission. For information call 410-864-5100 or via e-mail at www.wcc.state.md.us.

REQUIRED DOCUMENTATION - INITIAL APPLICATION FOR DME COMPANIES THAT ARE ACCREDITED

1. A business plan.
2. Proof of workers' compensation.
3. Evidence that your company's corporate and trade name (if applicable) is registered and is in good standing with the Maryland Department of Assessment and Taxation.
4. Proof of accreditation.

REQUIRED DOCUMENTATION - RENEWAL APPLICATION

1. DME Companies only: **If the agency is accredited, submit a copy of the accreditation letter.**
2. A list of licensed and non-licensed personnel (if applicable). Identify positions held and licensed supervisory personnel. Be sure to include license/certification verification from the appropriate regulatory board.
3. A list of all Medicaid programs that your company has contracts with.
4. Any substantive changes in your policies and procedures since the last licensure cycle.
5. A completed RSA Annual Data Collection Survey (which can be found in the Addendum section of the Ambulatory Care Application).

CODE OF MARYLAND REGULATIONS (COMAR) 10.07.05

To obtain a copy of the regulations:

- A. Visit the Division of State Documents website at www.dsd.state.md.us;
- B. Call the Division of State Documents at 410-974-2486 x3876 or 800-633-9657 x3876; or
- C. Visit your library (click this link to find the closest location: www.dsd.state.md.us/Depositories.aspx).

RSA HOTLINE

In accordance with State regulations, the State of Maryland has established a RSA Hotline. The purpose of the Hotline is:

- To receive complaints about local RSAs;
- To receive questions about local RSAs; and
- To lodge complaints concerning the implementation of advance directives.

The Hotline number is 800-492-6005. Voice messages can be left on the Hotline number. Written complaints may be submitted to the address at the end of the instructions or via our website at www.dhmf.maryland.gov/ohcq/SitePages/FAQs-Complaints.aspx.

BRANCH OFFICE(S)

"Branch office" means a satellite office of a RSA that is operated by the same person, corporation, or other business entity that manages the parent RSA, and that along with the parent RSA has the same:

1. Ownership tax identification number as the parent business entity;
2. Upper-level management;
3. Policies and procedures; and
4. Provides services within the same geographic area served by the parent business entity.

SUGGESTED FORMAT FOR WRITING POLICY AND PROCEDURE STATEMENTS

1. Date of approval by governing body.
 2. Title or subject of the policy. (Example: Employee Orientation)
 3. Policy statement. Describe the agency's policy on the subject. (Example: All employees shall receive orientation prior to assuming responsibilities for the position.)
 4. Purpose of the policy. Describe why the subject is important. (Example: To assure staff understand and comply with all agency policies and procedures.)
 5. Procedures. Define who, when, and where. (Example: Who will be responsible? What materials will be used? How will participation in orientation be documented?)
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SUGGESTED FORMAT FOR WRITING JOB DESCRIPTIONS

1. Date of approval by governing body.
2. Position title. (Example: Nursing Supervisor)
3. Position to which this job title reports. (Example: Reports to Director of Nursing)
4. Qualifications. Educational and experience requirements. (Example: Graduation from accredited school of nursing. Number of years of home health experience. Number of years of supervisory experience.)
5. Credential requirements. (Example: Current license in the State of Maryland)
6. Job responsibilities. List the tasks that the person in this position would have to perform. (Example: Perform annual performance evaluations on all licensed nurses and home health aides. Participate in quality assurance activities.)

QUESTIONS

Please contact 410-402-8267 or visit the OHCQ website at <http://dhmh.maryland.gov/ohcq> for questions related to the application.

SEND COMPLETED APPLICATION TO:

Ambulatory Care Program
OHCQ
Bland Bryant Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228
